



NO. 10

STATE

1913

DEPT. OF HEALTH

EMBALMERS

STATE OF ILLINOIS

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**STATEMENT BY LICENSED EMBALMER**

STATE OF ILLINOIS

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *E. Sterling Bell*  
.....

Licensed Embalmer No. 317

P. O. Address 2123

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.